

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	1056701	FILING DATE
APPLICANT/CO		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL REQ.		↓		↓		↓	TOTAL REQ.		↓	10	↓		↓
TOTAL REQ.		←		←		←	TOTAL REQ.		←	41	←		←
TOTAL CLAIMS							TOTAL CLAIMS			5			

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